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## **CALDERDALE AND KIRKLEES JOINT HEALTH SCRUTINY COMMITTEE**

**Monday 22 September 2014**

Present: Councillor Robert Barraclough  
Councillor Anne Collins  
Councillor Malcolm James  
Councillor Phil Scott  
Councillor Elizabeth Smaje

In attendance: Carol McKenna – Chief Officer Greater Huddersfield CCG  
Matt Walsh – Chief Officer Calderdale CCG  
Richard Dunne – Principal Governance & Democratic  
Engagement Officer Kirklees Council  
Mike Lodge – Senior Scrutiny Support Officer Calderdale  
Council

Apologies: Councillor Alison Miles  
Councillor Chris Pillai  
Councillor Molly Walton

**1 Interests**

No interests were declared.

**2 Admission of the Public**

The Committee considered the question of the admission of the public and agreed that all items be considered in public session.

**3 Calderdale and Greater Huddersfield Health and Social Care Strategic Review.**

The Committee welcomed Carol McKenna Chief Officer Greater Huddersfield CCG and Matt Walsh Chief Officer Calderdale CCG to the meeting.

Councillor Smaje acknowledged receipt of two communications from the organisations save Calderdale Royal Hospital and Huddersfield Keep Our NHS Public.

Mr Walsh provided the Committee with an overview of the change programme, the engagement activity that had taken place, the further engagement that was planned and the work that had been undertaken to look at hospital services.

Mr Walsh informed the committee of the case for change in the way that health and social care in Calderdale and Huddersfield was delivered and outlined key areas of challenge and demand that included: the impact of the inequalities in health across the districts; the increased expectations in the standards and quality of care; and the significant financial challenge;

Mr Walsh outlined the engagement activity that had taken place over the last 18 months that had included communicating with around 40,000 contacts and representatives across the health system which had generated nearly 2,500 responses.

Mr Walsh explained that the majority of the responses had been in relation to the Strategic Outline Case (SOC) and the feedback from the engagement had been used to inform the work that was being done on developing the community model and hospital standards.

Mr Walsh presented a schematic overview of the engagement activity in Calderdale which included the various elements of work that were being developed.

Mr Walsh presented a high level view of Calderdale CCG's (CCCG) plans which included its vision, outcomes and the various work streams it was developing locally and in partnership with Greater Huddersfield CCG (GHCCG). Mr Walsh also explained the work that was emerging from a number of other programmes that included the Better Care Fund and regional areas of focus.

Ms McKenna outlined the engagement activity that had been undertaken by GHCCG which had been done in three distinct elements which included activity by GHCCG only, in partnership with CCCG and in partnership with North Kirklees CCG (NKCCG).

Ms McKenna explained that the engagement work had included a mix of activity with some parts being done on a generic basis while other elements had been quite focused and centred on services users.

Ms McKenna presented the GHCCG plans and explained that its 5 year strategic plans had been developed in partnership with NKCCG on a Kirklees footprint. Ms McKenna outlined the strategic goals that GHCCG was working to which included details of the objectives that had been set to help deliver its ambitions.

Ms McKenna outlined the key findings that had emerged from the engagement activity and provided a high level overview of a number of the themes.

Ms McKenna informed the Committee of the specific programmes of work that were taking place and explained how the various elements connected to the work that was being carried out across Calderdale, Greater Huddersfield and the district of Kirklees.

Ms McKenna stated that the two care closer to home programmes were centred on a local authority footprint and that the emphasis of the programmes was on greater integration of health and social care.

The committee was informed that the hospital services programme would be developed through the combined work of GHCCG and CCCG and would be informed by the work that was taking place through the two care closer to home programmes.

Ms McKenna outlined the governance arrangements that supported the programmes of work and informed the committee that the CCG's would welcome the opportunity to discuss the most effective way to accommodate the role of the committee and the local health scrutiny Panel's in the process.

Ms McKenna informed the Committee of the various aspects of work that the CCG had to manage which included: the financial & economic reasons for change; developing hospital standards; and the various elements of the process that would need to be followed in preparation for a consultation on a major reconfiguration of service.

Ms McKenna stated that the CCG's had acknowledged feedback from the engagement work that had included a clear message that people wanted confidence that changes in community services would be made prior to any changes to hospital services.

Ms McKenna informed the Committee of the detail of the GHCCG engagement work that had taken place in respect of the care closer to home programme and the joint stakeholder event with CCCG to obtain feedback on the community models and hospital standards.

Ms McKenna outlined the key themes that had emerged from the engagement work and confirmed that both CCG's were committed to ongoing engagement and would continue to take account of views and information that they received.

Ms McKenna presented an overview of the community services proposals that included a focus on developing a single point of access for individuals which would be supported by a co-ordinated response to meet the needs of each person.

Ms McKenna outlined the core functions and the specialised services that would be delivered through the new community services model and provided the committee with details of the financial values of the community services that would be re-commissioned.

Ms McKenna informed the Committee of the activity that related to the number of contacts that were generated through community services and the anticipated increase in demand due to demographic growth and the increase in the care and support provided in the community.

Ms McKenna outlined GHCCG's next steps in the process that included a decision by its Governing Body on the approach to market and how it would commission community services.

In response to a question regarding the timescales and key milestones of the programme of work Ms McKenna confirmed that there was a timeline that could be submitted to the committee although it was subject to change depending on the decision on GHCCG's approach to market.

Mr Walsh presented the model that CCG was developing for community services in Calderdale and outlined the key services that would be provided and the specialist support.

Mr Walsh provided the Committee with an overview of the key phases relating to development of the community services model that included a phase that would cover the changes to hospital services as a result of the improved community provision.

Mr Walsh outlined CCG's next steps that included the commitment to continue to strengthen its engagement strategy. The Committee was also provided with a list of the current services provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT) and details of the next steps for changes to hospital services.

Mr Walsh informed the Committee that a joint CCG assurance group had been established to look at the providers Outline Business Case (OBC) and explained the process that would be followed prior to formal consultation on the proposed changes to hospital services.

In response to a question regarding the time line for consultation Mr Walsh explained that there was a complex process that needed to be followed before the CCG's were in a position to demonstrate that the proposals had been through a thorough quality assurance check.

A question and answer session followed that covered a number of issues that included:

- The need for the CCG's to engage with all local councillors and not rely solely on communication through the formal mechanisms and structures.
- The positive relationships between the local healthwatch organisations and the CCG's.
- A concern over the CCG's handling of the engagement process and the complexity of the information that people were being asked to comment on.
- Disappointment that the CCG's had not used the lessons learned from previous engagement exercises to understand how to engage more effectively with local politicians.
- Clarification on how CHFT was going make the required savings in its budget when the hospital services changes were not scheduled to take place until the final phase of the reconfiguration programme.

- Confirmation that there was a requirement for CHFT in line with many other public sector organisations to continue to make year on year efficiency savings.
- The differences in how community services are delivered in Calderdale and Greater Huddersfield.
- The role of the CCG's in ensuring that CHFT's efficiency savings do not have a detrimental impact on service quality and safety.
- The efficiency that could be achieved by developing a community service model that had a single point of access and the efficiency that could be achieved by the hospital trust by reducing unnecessary visits to the hospital.
- Concern over the accuracy of the financial situation and stability from year three onwards.
- The recognition that there would be an ongoing financial challenge facing the health service regardless of any changes that may occur in the national political landscape.
- Concern that the focus on delivering more in community settings could have an adverse impact on the local authority adult social care budgets.
- The role of the Better Care fund in helping to support the delivery of integrated health and adult social care.
- The importance of recognising how the relationships between the acute trust, the CCG's and the local authorities worked to support the delivery of health and social care.
- The well-developed relationship that existed between GHCCG, NKCCG and Kirklees Council.
- A question over the level of confidence within the CCG that the public really understood the improvements that the new models of care had been designed to bring.
- The CCG's commitment to try and describe the changes in a way that enabled key stakeholders and members of the public to understand what it really meant.

Ms McKenna informed the Committee that many individuals who had provided input as part of the care closer to home engagement work had stayed involved with the programme and feedback had indicated that they felt that their involvement had made a real difference in shaping service specifications.

The Committee had a discussion regarding the importance of having a timeline that would help to provide some re-assurance to the public that services would be maintained during the transition period.

The Committee highlighted that it would wish to closely monitor the outcomes of any further engagement or consultation that took place with stakeholders to cover the proposed changes to services and details of the service specifications.

In response to a question regarding the level of input that stakeholders had in shaping the service specifications for the care closer home model Ms McKenna stated that the service specifications that had been developed by GHCCG had been based on feedback and comments from a number of engagement activities that included the detailed stakeholder events that had taken place during January to July 2014.

The Committee reiterated the importance of having a timeline that provided details of the various stages that the CCG's would have to cover to include the timescales for when each phase of the process would be completed.

In response to a question regarding the work that was being carried out at a West Yorkshire level Mr Walsh stated that the West Yorkshire collaboration of CCG's that met had no delegation of authority or decision making responsibilities.

Mr Walsh explained that the West Yorkshire CCG Group was looking at services where it had identified pathways of care that operated across a larger footprint than individual CCG's area and provided an example of the work that was being developed to improve cancer services.

Ms McKenna outlined the process that would be followed by the GHCCG Governing Body in determining the route to market that it would wish to pursue for the procurement of services to deliver the new community services model.

Mr Walsh confirmed that he expected both CCG's to be working to the same timescales by the time they had reached phase two of the community services programme.

Ms McKenna informed the Committee of the role of the joint Greater Huddersfield and Calderdale Quality Assurance Group and the Hospital Services Programme Board and confirmed that terms of reference would be made available to the Committee as soon as they had been confirmed.

#### **RESOLVED**

- (1) That Carol McKenna and Matt Walsh be thanked for attending the meeting.
- (2) That the Committee's supporting officers be authorised to liaise with Greater Huddersfield CCG and Calderdale CCG to obtain the requested further information.

#### **5. Draft Terms of Reference and Working Arrangements**

The Committee considered the draft terms of reference and working arrangements.

**RESOLVED:** - The Committee agreed the Draft Terms of Reference and Working Arrangements.